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7590

05/25/2005

SHLESINGER, ARKWRIGHT & GARVEY LLP

3000 South Eads Street

Arlington, VA 22202

06/09/2005 MBEYENE2 00000032 10687974

01 FC:1501

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/687,974	10/20/2003	Ronny Dewinter	7331	8664

TITLE OF INVENTION: METHOD FOR DOSING REINFORCING FIBRES FOR THE MANUFACTURING OF FIBRE CONCRETE AND THE CHAIN PACKING USED

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/25/2005

EXAMINER	ART UNIT	CLASS-SURCLASS
SOOHOO, TONY GLEN	1723	366-020000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 SHLESINGER,
2 ARKWRIGHT &
3 GARVEY LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

NV Bekaert SA

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Zwevegem, Belgium

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies _____

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-2105 (enclose an extra copy of this form).

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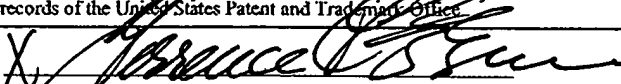
5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(e)(2).

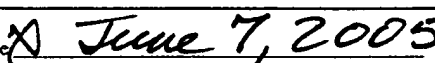
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Authorized Signature



Date



Typed or printed name

Terrence L.B. Brown

Registration No.

32,685

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